10812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF DEATH: COUNTY Carroll County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 9 years, 11 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) (Last) Atwell			4. DATE OF DEATH (Month) November (Day) 28, (Year) 1951		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH April 25,02	9. AGE last birthday 49 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Warm Springs, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas B. Hickman			14. MOTHER'S MAIDEN NAME Mary Whitmire		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown		17. INFORMANT AND ADDRESS Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction	2 days
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of intestines with metastases in the liver known	4 days
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type known since 1941

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1944, to 11-28-, 1951, that I last saw the deceased alive on 11-28-, 1951, and that death occurred at 1.25 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Irene L. Hickman, M.D.	Springfield State Hospital	11-28-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-1-51	Cumberland	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 29, 1951	C. Harry Weir	Jacob Hafer - Cumberland, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10813

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manchester-Westminster Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural
STREET ADDRESS (If rural, give location) Manchester-Westminster Rd.

3. NAME OF DECEASED (Type or Print) (First) Laranda (Middle) Isabelle (Last) Bixler

4. DATE OF DEATH (Month) November (Day) 17 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Ap. 25, 1858
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Leese
14. MOTHER'S MAIDEN NAME Elizabeth Herbst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS George Peter Bixler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Renal Vascular disease ?

131a (c)

INTERVAL BETWEEN ONSET AND DEATH: 1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 1, 1943, to Nov 17, 1951, that I last saw the deceased alive on Nov 17, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (Degree or title) M.D. ADDRESS Hampstead Md DATE SIGNED 11/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/20/51
NAME OF CEMETERY OR CREMATORY Manchester Union Cem
LOCATION (City, town, or county) (State) Manchester Carroll Co Md

DATE REC'D BY LOCAL REG. Nov. 20/51
REGISTRAR'S SIGNATURE Mrs. W. R. S. Denner
24. FUNERAL DIRECTOR R. B. Wink ADDRESS Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10814

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster - Rural
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear of Liberty St. Ext

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster - Rural
STREET ADDRESS (If rural, give location) Rear Liberty St. Ext Fd

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) HENRY (Last) BOWMAN
4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DON'T KNOW
8. DATE OF BIRTH — 1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Emmittsburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Bowman
14. MOTHER'S MAIDEN NAME Josephine Stepter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-18-1036
17. INFORMANT Mrs Eugene Kramer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh. Deputy Medical Examiner (Degree or title) ADDRESS Westminster Md DATE SIGNED 11/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 21.51
NAME OF CEMETERY OR CREMATORY County House Cemetery
LOCATION (City, town, or county) Rural Westminster Md. (State)

DATE REC'D BY LOCAL REG. 11/20/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md.

570-116

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 4-3 1938
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10815

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 5 mos. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 1601 Grace Church Road

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) ELIZABETH (Last) BROOKS
4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-10-72
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM HARTMAN
14. MOTHER'S MAIDEN NAME EMILY DUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Arteriosclerotic Heart disease with enlargement & calcification of aortic & mitral valves — INTERVAL BETWEEN ONSET AND DEATH indefinite

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

195e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture right femur-neck — 16 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951, to Nov. 16, 1951, that I last saw the deceased alive on Nov. 16, 1951 and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (Degree or title) Henry C. A. Mead, M. D.
ADDRESS Springfield State Hospital Sykesville, Maryland
DATE SIGNED 11-16-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 19, 1951
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Geo. Co. (State) Maryland

DATE REC'D BY LOCAL REG. Nov. 17 1951
REGISTRAR'S SIGNATURE C Harry Keen
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park. D.C.
ADDRESS

NOV 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10816

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lizzie (Middle) Virginia (Last) Brown

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Celus Engle

14. MOTHER'S MAIDEN NAME: Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Mr. Arthur C. Brown Sykesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 19.51, to 11/12, 19.51, that I last saw the deceased alive on 11/12, 19.51, and that death occurred at 11 A m, from the causes and on the date stated above.

SIGNATURE H. A. Barnes (Degree or title) M.D. ADDRESS Sykesville Md. DATE SIGNED 11/12/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-14-51 | NAME OF CEMETERY OR CREMATORY Springfield | LOCATION (City, town, or county) Sykesville, Carroll (State) Md.

DATE REC'D BY LOCAL REG. Nov. 13, 1951 | REGISTRAR'S SIGNATURE C. Harry Klee | 24. FUNERAL DIRECTOR Fulton H. Haight ADDRESS Sykesville, Md.

VS. A15

RECEIVED
NOV 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10917

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodbine
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Newport Mill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine Rural
STREET ADDRESS (If rural, give location) Newport Mill

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) LEROY (Last) COLSON

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 4 1903

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marlen O. Colson

14. MOTHER'S MAIDEN NAME: Mattie L. [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-07-4087

17. INFORMANT: Mrs. [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval Between Onset and Death: —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 11-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 11-21-1951
NAME OF CEMETERY ~~OR CREMATORY~~: Morgan Chapel
LOCATION (City, town, or county) (State): Carroll Co. Maryland

DATE REC'D BY LOCAL REG.: Nov 20 51
REGISTRAR'S SIGNATURE: Wm D Snyder

24. FUNERAL DIRECTOR: E. M. Watts
ADDRESS: Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "enryton; LENGTH OF STAY (in this place) 4yrs. 9mos. 12dys.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -17
   STREET ADDRESS (If rural, give location) 1818 Presstman Street

3. NAME OF DECEASED (Type or Print): (First) EARTHELINE (Middle) MISSOURI (Last) CURRY

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 4, 1906

9. AGE last birthday: 45 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10b. KIND OF BUSINESS OR INDUSTRY: Power Machine

11. BIRTHPLACE (State or foreign country): Montgomery Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Thompson

14. MOTHER'S MAIDEN NAME: Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-16-3429

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — Interval Between Onset and Death: 1946

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1947, to Nov. 9, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE: T. F. Vestal (Degree or title) M. D ADDRESS: Henryton, Maryland DATE SIGNED: 11-9-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Nov. 12, 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Lebanon — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 11-9-51 — REGISTRAR'S SIGNATURE: Albert R. Trautman Deputy Local — 24. FUNERAL DIRECTOR ADDRESS: Holland Funeral Home 1631 Druid Hill Ave

WW 14 1951

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10519

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg
LENGTH OF STAY (in this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster R.D. 7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg
STREET ADDRESS (If rural, give location) Westminster R.D. 7

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ODEN (Last) DICKENSHEETS

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 4-1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Self Employed
10b. KIND OF BUSINESS OR INDUSTRY House
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frederick Washington Dickensheets
14. MOTHER'S MAIDEN NAME Mary Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Gertrude Dickensheets Westminster 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema.	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lymphoma, Malignant Granuloma. Cervical with.	7+ months.
	(c) Mediastinal + Pulmonary Metastases.	2+ months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION (1) 6/1/51 (2) 7/11/51 (3) 9/7/51
19b. MAJOR FINDINGS OF OPERATION (1) Biopsy Lt Parotid. (2) Biopsy Lt. Neck (3) Biopsy Rt Axilla
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to Nov. 8, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE Gillen Moulton (Degree or title) M.D. ADDRESS Westminster, Md. DATE SIGNED 11/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 11-1951
NAME OF CEMETERY OR CREMATORY Kridere Cemetery
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 11/10/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard Son Westminster, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10820

Reg. Dist. No. 7-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 7; LENGTH OF STAY (in this place) 15 yrs. MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; STREET ADDRESS (If rural, give location) R.D. 7

3. NAME OF DECEASED (Type or Print): (First) CHESTER (Middle) RICHARD (Last) DOYLE

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 24-1902

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farms own farm

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oscar R. Doyle

14. MOTHER'S MAIDEN NAME: Annie E. Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: (Mrs) Burli Fem Doyle Westminster 7, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	10/30/51
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Cardio Vascular Renal Disease Hypertension Arterio Sclerosis	5 yrs.
	(c) Diabetes Mellitus (mild)	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1951, to Nov 2, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wyleen Speicher Westminster Md 11/3/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: Nov. 5-1951

NAME OF CEMETERY OR CREMATORY: Meadow Branch Cem.

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. 11/3/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: H. Leonard Son Westminster, Md.

NOV 5 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10821

Reg. Dist. No. 24

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll Co. — Springfield State Hosp. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md. — LENGTH OF STAY (In this place) 19 yrs. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yaheowood
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Russell — (Middle) --- — (Last) Engle

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-29-1391

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm worker

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Engle

14. MOTHER'S MAIDEN NAME: Coline Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---? (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension & Coronary Disease	About 16 y
	(c) Epilepsy with psychosis	

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940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---- — 19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---- — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ---- — (CITY OR TOWN) ---- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? ----

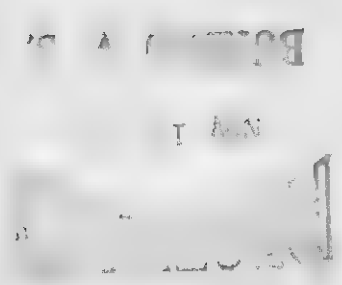
22. I hereby certify that I attended the deceased from July 1, 1950, to Nov. 2, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Sonnenfeldt, M.D. — ADDRESS Springfield State Hosp. — DATE SIGNED 11-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 11/6/51 — NAME OF CEMETERY OR CREMATORY: University Med. School — LOCATION (City, town, or county) Dale City Md. (State)

DATE REC'D BY LOCAL REG. Nov. 6, 1951 — REGISTRAR'S SIGNATURE C. Harry Keen — 24. FUNERAL DIRECTOR: Frances A. Hemsley — ADDRESS 578 W. Biddle St

VS. A15



10822

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 2yrs.5mths,27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 245 N. Exeter Street

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) EDNA (Last) EVANS(WILLIAMS)
4. DATE OF DEATH (Month) November (Day) 22 (Year) 1951

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.
8. DATE OF BIRTH Feb.,12,1917
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Drury, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wesley Evans
14. MOTHER'S MAIDEN NAME Ellen Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-26-1348
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Bilateral Pulmonary Tuberculosis	May, 1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

OC2X
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1949, to Nov., 22, 1951, that I last saw the deceased alive on Nov., 22, 1951, and that death occurred at 6: P. m., from the causes and on the date stated above.

SIGNATURE T.F. VeHal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 11-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 26, 1951
NAME OF CEMETERY OR CREMATORY Silas Chapel (moses Cem)
LOCATION (City, town, or county) (State) Vinna Arundel Co, Md.

DATE REC'D BY LOCAL REG. 11-22-51
REGISTRAR'S SIGNATURE Albert R. Swankhouse
24. FUNERAL DIRECTOR E. L. Hicks, 45 North West St. ADDRESS Annapolis, Md.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16323

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown | LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Ellen I. (Middle) Feeser (Last)

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Oct. 11, 1862

9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emanuel Lambert

14. MOTHER'S MAIDEN NAME: Catherine Kephart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Mark E. Wisotzkey Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Nephritis	5 yrs.
332X 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Softening (Arteriosclerotic) — 10 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1940, to 11/25, 1951, that I last saw the deceased alive on 11/23, 1951, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. S. McVaugh	M.D.	Taneytown Md.	11/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Nov. 27-51	Lutheran	Taneytown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 27, 1951	Ethel M Melsing	C.O. FUSS & SON	Taneytown, Md.

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 21 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) J	(Last) Friedel	4. DATE OF DEATH	(Month) Nov. (Day) 29 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 8-23-10	9. AGE last birthday 41 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ? Friedell	14. MOTHER'S MAIDEN NAME Isabel ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	48 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Heart Disease	Several Years
	(c)	Epilepsy with psychosis	21 Years

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 1, 1950, to Nov. 29, 1951, that I last saw the deceased alive on Nov. 28, 1951, and that death occurred at 4-25A m., from the causes and on the date stated above.

SIGNATURE Walter H. Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital DATE SIGNED 11-29-51

Walther H. Sonnenfeldt M.D.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 12/3/51	NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	LOCATION (City, town, or county) BALTIMORE	(State) MD
DATE REC'D BY LOCAL REG. 11/30/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Clarence F. Hoffman	ADDRESS 1639 Broadway	

250-VVV

VS: A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10825

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 429 Ascension St.

3. NAME OF DECEASED (Type or Print) (First) Myrtle (Middle) ~~Grady~~ (Last) Grady
4. DATE OF DEATH (Month) Nov. (Day) 30 (Year) 1951
5. SEX fem.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 23, 1892
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Grady
14. MOTHER'S MAIDEN NAME Martha Halter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	4 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Cerebral arteriosclerosis	6 years and longer
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 6 years and longer

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1951, to 11/30, 1951, that I last saw the deceased alive on 11/30, 1951, and that death occurred at 10 20 10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrud Sonnenfeldt M.D. ADDRESS Springfield State Hospital DATE SIGNED 11/30/51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 3, 1951
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) Cumberland (State) Md
DATE REC'D BY LOCAL REG. Dec. 1, 1951
REGISTRAR'S SIGNATURE C. Harry Neer
24. FUNERAL DIRECTOR Harvey H. Zeigler ADDRESS Hyndman, Pa

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

pc 10826

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CARROLL; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE; LENGTH OF STAY (in this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 2331 MILLIMAN STREET

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) MARY (Last) GRUNAU

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2-1-67

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — Interval Between Onset and Death: Several yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS, Generalized — Years ?

420.0 / 932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS DUE TO ARTERIOSCLEROSIS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 19 51 to Nov. 9, 19 51, that I last saw the deceased alive on Nov. 1, 19 51 and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (Degree or title) M. D.

ADDRESS Springfield State Hospital, Sykesville, Maryland

DATE SIGNED 11-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Nov. 12, 1951

DATE THEREOF Burial

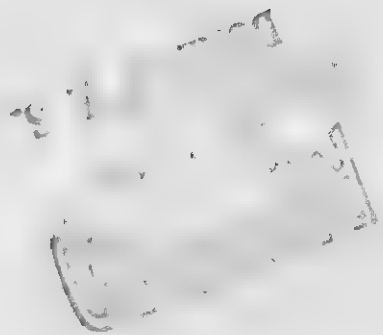
NAME OF CEMETERY OR CREMATORY Western

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Nov. 10, 1951

REGISTRAR'S SIGNATURE Harry Kees

24. FUNERAL DIRECTOR ADDRESS John Ullrich, 2008 Orleans St.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: CARROLL; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE, MD.; LENGTH OF STAY (In this place): 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 427 S. Maderia Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	W.	Hitchens	Nov.	13	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-28-1894	57 yrs.	3	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
--	Laborer	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Hitchens	Mary L. Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
--	--	Mrs. George Hitchens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	General arteriosclerosis	10 yrs.
	(c)	Epilepsy	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--	--	--	m.		---

22. I hereby certify that I attended the deceased from March 29, 1940, to Nov. 13 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) — ADDRESS: Springfield Hosp, Sykesville, Md. — DATE SIGNED: 11-13-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV-16-1951	ST. STANISLAUS	1300 Dundalk ave

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19	A W [illegible]	George A. Weber	705 S. Ann St

MARYLAND STATE DEPARTMENT OF HEALTH

10528

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (in this place) 24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	Virginia	Hunt	Nov.	24,	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	9/16/74	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver Grimm	Sarah Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
?	Unknown	Hospital Records, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia (terminal) — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic hypertensive Cardiovascular Disease — Indef.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 1st, 1951., to Nov. 24..., 1951..., that I last saw the deceased alive on Nov. 24..., 1951., and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 11/24/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-51	Poplar	Cockeysville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 24 1951	C. Harry Weer	Landon M. Carothers	Sparks, Md

Item 9 FilmG137 12/4/51 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1929

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 215 Cedar Ave.

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) FLORENCE (Last) KIMBER

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1951

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-8-1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Magnus Swenson

14. MOTHER'S MAIDEN NAME: Emma ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X 3a

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis — 4 yrs and over

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 4 yrs and over

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 19 57, to 11/19, 19 57, that I last saw the deceased alive on 11/19, 19 57, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE: Gertrud Sonnenfeld (Degree or title) M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 11/19/57

23. BURIAL, CREMATION / REMOVAL (Specify): CREMATION | DATE THEREOF: NOV. 21 1951 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Nov. 20, 1951 | REGISTRAR'S SIGNATURE: C. Henry Wiese

24. FUNERAL DIRECTOR: J. Arthur Walters, Takoma Fun. Home | ADDRESS: 254 Carroll St. N.W. Takoma Park, D.C.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10830

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Broadway

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) ELIZABETH (Last) KOLB

4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 3 - 1865
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Garber
14. MOTHER'S MAIDEN NAME Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Charles E Gray, Union Bridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V disease — INTERVAL BETWEEN ONSET AND DEATH years

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1926, to Nov. 24, 1951, that I last saw the deceased alive on Nov 24, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 11/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 27-1951
NAME OF CEMETERY OR CREMATORY Pipe Creek
LOCATION (City, town, or county) Uniontown Road (State) Md

DATE REC'D BY LOCAL REG. Nov. 26, 1951
REGISTRAR'S SIGNATURE Leila L. Kepp

24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg Rural — LENGTH OF STAY (In this place) 4 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing Home	STREET ADDRESS (If rural, give location) Green Street

3. NAME OF DECEASED (Type or Print)	(First) Ellen	(Middle) A	(Last) Koons	4. DATE OF DEATH	(Month) (Day) (Year) Nov. 2, 1951 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 1, 1867	9. AGE last birthday 84 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryalnd	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Alexander Parker		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Fred. Schlerf, Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) myocarditis - chronic decompensating	yes
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension	years
93d	(c) arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-49, 19—, to 11-2, 1951, that I last saw the deceased alive on 11-2-1951, and that death occurred at 6 36 p m., from the causes and on the date stated above.

SIGNATURE James L. Sallee (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 11-3-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 5, 1951	NAME OF CEMETERY OR CREMATORY Westminster, Cem	LOCATION (City, town, or county) (State) Westminster, Carroll, Co.
DATE REC'D BY LOCAL REG. 11-5-51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR H. Bankard & Son, Westminster, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16532

Reg. Dist. No. 41

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FINKSBURG
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LODGE FOREST (BALTO. (19)
STREET ADDRESS (If rural, give location): 2549 LODGE FOREST DRIVE

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) JANE (Last) LINDEMORE

4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAY 7, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WM. C. COPPER

14. MOTHER'S MAIDEN NAME: MARY E. MARSHALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: JOSEPH JACOBS - 2549 LODGE FOREST DR. BALTO (19)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	2 days
Antecedent cause(s)	(b) Arteriosclerotic C-V disease c̄ Decompensation	3 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hemiplegia	Don't know

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/21, 1951, and that death occurred at 9 am m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh (Degree or title) M.D. ADDRESS: Baltimore Md. DATE SIGNED: 11/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 11-24-51
NAME OF CEMETERY OR CREMATORY: OAK LAWN
LOCATION (City, town, or county) (State): BALTO. Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 23-1951
REGISTRAR'S SIGNATURE: William M. Kelly, Jr.
24. FUNERAL DIRECTOR: Walter Brooks Bradley, ADDRESS: Dundalk, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Westminster
LENGTH OF STAY (in this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Enterprise
STREET ADDRESS (If rural, give location) Rural--Westminster

3. NAME OF DECEASED (Type or Print) (First) GERVACE (Middle) W. (Last) MCSHERRY
4. DATE OF DEATH (Month) NOV. (Day) 21 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-29-1884
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock dealer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James R. McSherry
14. MOTHER'S MAIDEN NAME Elizabeth C. Sheridan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Effie E. McSherry, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 hrs.

Antecedent cause(s) (b) Arthrosis Myocarditis (chr)

422.2 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19....., to 11-21-1951, that I last saw the deceased alive on 11-21-, 1951, and that death occurred at 2:15 a m., from the causes and on the date stated above.

SIGNATURE W. C. Jermith M.D. (Degree or title) ADDRESS Westminster Md DATE SIGNED 11-23-51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 11-24-1951
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) (State) Carroll Co., Maryland

DATE REC'D BY LOCAL REG. 11-23-51
REGISTRAR'S SIGNATURE E. M. Farver
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10834 76

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore Pol
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 7604 N. Point Rd.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) A (Last) MOFFAT

4. DATE OF DEATH (Month) Nov (Day) 27 (Year) 1957

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug 29, 1874
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Retired
10b. KIND OF BUSINESS OR INDUSTRY own store
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Moffat
14. MOTHER'S MAIDEN NAME Susie Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Lottie Elways - Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac decompensation	Hours
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1957, to Nov 27, 1957, that I last saw the deceased alive on Nov 26, 1957, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED Nov 27/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/29/57
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) Savage Md (State)

DATE REC'D BY LOCAL REG. 11/29/57
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L Gaschasone Hyattsville Md ADDRESS

Dr J. K. Woodward

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 1135

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (In this place) since 10/11/46; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 1134 Potomac Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	Lester	MOSER	November 7 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	8/3/75	76 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter and builder	Industrial Building	Frederick, Maryland	United States

13. FATHER'S NAME: John Moser

14. MOTHER'S MAIDEN NAME: Mertie Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Minutes
1/20. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94 a	(b) Arteriosclerosis	5 yrs.
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — 11 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — ; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — ; (CITY OR TOWN) — ; (COUNTY) — ; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐ —; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Nov. 6, 1951, that I last saw the deceased alive on Nov. 6, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M. D. (Degree or title) — ADDRESS: Sykesville, Md. — DATE SIGNED: 11/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/9/51	ROSE HILL	HAGERSTOWN, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 7 1951	C. Harry Weed	A K Leffman Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL. STATE: MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville. LENGTH OF STAY (in this place): —. HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland. COUNTY: Howard Co. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elk Ridge, Maryland. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ann (Last) Mullineaux

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: App. 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Howard County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Basil R. Mullineaux

14. MOTHER'S MAIDEN NAME: Margaret Paman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT, AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary heart disease	Duration Indef.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized arteriosclerosis and hypertension	About 15 yrs.
(c)		

4/20.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency — 35 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1950, to Nov. 8, 1951, that I last saw the deceased alive on Nov. 8, 1951, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walther H. Sonnenfeld, M.D. ADDRESS: Springfield State Hosp. DATE SIGNED: 11-8-51

Walther H. Sonnenfeld

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: 11-10-51. NAME OF CEMETERY OR CREMATORY: St Johns. LOCATION (City, town, or county) (State): Ellicott City Md

DATE REC'D BY LOCAL REG.: Nov 13 1951. REGISTRAR'S SIGNATURE: Estany Keck

24. FUNERAL DIRECTOR: J.C. Hyenbottom. ADDRESS: Ellicott City

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

10837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 7 Hersh Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) # 7 Hersh Avenue

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) Catharine (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year) 11/15/51 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11/25/1889

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Housework)

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Robert Wantz

14. MOTHER'S MAIDEN NAME Clara Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs Edward T. King # 7 Hersh Ave., Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Colon, c metastases to Liver, anemia & cachexia	9 mo
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension & arteriosclerosis	2 yrs.
46 e.	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. April 21-1950 Thyroidectomy

19a. DATE OF OPERATION March 8/51

19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov 15, 1951, that I last saw the deceased alive on Nov 14, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE W Glenn Speicher (Degree or title) ADDRESS Westminster Md DATE SIGNED 11/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/18/51
NAME OF CEMETERY OR CREMATORY Kriders Cemetery
LOCATION (City, town, or county) (State) Nr. Westminster, Md.

DATE REC'D BY LOCAL REG. 11/16/51
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. W. Little & Son, Littlestown, PA. ADDRESS
Per O. A. Little

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16638

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown | LENGTH OF STAY (In this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TANEYTOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs/ Mamie (Middle) Harnish (Last) Myers

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1951.

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 12/12/1891 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY: OWN Home | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Harnish

14. MOTHER'S MAIDEN NAME: Daisy Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Paul H. Myers, TANEYTOWN, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Artery Occlusion — Interval Between Onset and Death: 30 min.

260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus (Mild) — 7 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis — 30 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to 11/2, 1951, that I last saw the deceased alive on 11/2, 1951, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE: R. A. McCaugh | (Degree or title) M.D. | ADDRESS Taneytown, Md. | DATE SIGNED 11/3/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 11/5/51 | NAME OF CEMETERY OR CREMATORY: Reformed | LOCATION (City, town, or county): Taneytown, | (State) Md

DATE REC'D BY LOCAL REG. Nov 5, 1951 | REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O. FUSS & SON | ADDRESS Taneytown, Md.

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11639

CERTIFICATE OF DEATH

Reg. Dist. No.....

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 109. Bonny Hill. Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) (Last) NEWELL
4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Dec. 25-1889
9. AGE last birthday: 61 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman
10b. KIND OF BUSINESS OR INDUSTRY: Irvins. Dept Store
11. BIRTHPLACE (State or foreign country): Phila PA.
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: Augustine Bartholemew
14. MOTHER'S MAIDEN NAME: Alace Jenks.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 134-07-1808.
17. INFORMANT AND ADDRESS: Mrs. Fredk. Jewett. 109. Bonny Hill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Hemorrhage (Cause undetermined) — 5-6 days

460.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97 (b) Arterio Sclerosis — years

(c) .....

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Psychosis — years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1957, to Nov 9, 1957, that I last saw the deceased alive on Nov 9, 1957, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Samuel T Worrall — M. D. — Westminster Md — Nov 9-1957

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE 11/12/51 | NAME OF CEMETERY OR CREMATORY: Greenmount Cem | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 11-12-51 | REGISTRAR'S SIGNATURE: C W Redinch

24. FUNERAL DIRECTOR — ADDRESS: Lanahan Funeral Home. 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

16840

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Westminster
LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dennings
STREET ADDRESS (If rural, give location) Rural--Westminster

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) LEWIS (Last) OVERHOLTZER, SR.
4. DATE OF DEATH (Month) NOV. (Day) 8 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-21-1878
9. AGE last birthday 73 yrs. If under 1 year Months, Days; If under 24 hrs. Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of [redacted] if retired) farmer retired
10b. KIND OF BUSINESS OR INDUSTRY tenant farmer
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John D. Overholtzer
14. MOTHER'S MAIDEN NAME Elizabeth Welty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Eliza Overholtzer, Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cardiac dilatation	12 hrs
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cholicystitis	8 mos
4	(c) Carcinoma Pancreas	12 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug. 27, 51
19b. MAJOR FINDINGS OF OPERATION acute Gall Bladder Carcinoma Pancreas
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1951, to Nov. 8, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 4: A: m., from the causes and on the date stated above.

SIGNATURE Chas. R Fouty (Degree or title) MD. ADDRESS Westminster Md DATE SIGNED 11-9-51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 11-11-1951
NAME OF CEMETERY ~~OR CREMATORY~~ St. Elias Lutheran
LOCATION (City, town, or county) (State) Emmitsburg, Md.

DATE REC'D BY LOCAL REG. 11-10-51
REGISTRAR'S SIGNATURE E. M. Farver
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

NOV 14
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1641

Reg. Dist. No. 83

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Woodbine
LENGTH OF STAY (in this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) PICKETT

4. DATE OF DEATH: (Month) NOV. (Day) 29 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-19-1864

9. AGE last birthday: 87 yrs. — If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David Glass

14. MOTHER'S MAIDEN NAME: Mary Ann Schuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Earl Pickett, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemiplaegia (right)	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular desease	?
	(c) Advanced Arterio-sclerosis	

4/22.1
413d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1951, to Nov. 29, 1951, that I last saw the deceased alive on 11/29/51, 19..., and that death occurred at 12:30P m., from the causes and on the date stated above.

SIGNATURE: Stanley Crabill — (Degree or title): M.D — ADDRESS: Mt Airy - Md — DATE SIGNED: 11/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 12-2-1951 — NAME OF CEMETERY ~~OR CREMATORY~~: Taylorsville — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: Dec 1 1951 — REGISTRAR'S SIGNATURE: Edna M Hewitt

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS:

DEC 5 1951

BUREAU V. S.

1042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE — LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANSDOWNE
STREET ADDRESS (If rural, give location): 2229 MOUNTAINVIAL AVE.

3. NAME OF DECEASED (Type or Print): (First) GEORGE — (Middle) — (Last) PUCIATO
4. DATE OF DEATH: (Month) 11 — (Day) 3 — (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 4-12-92
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: B & O
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JOHN PUCIATO
14. MOTHER'S MAIDEN NAME: ANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHO-PNEUMONIA, POST OPERATION — 12 hours

331X 12d
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) CEREBROVASCULAR ACCIDENT — 27 hours
(c) hypertensive, arteriosclerotic cardio-vascular disease — Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: AMPUTATION, RIGHT MID-THIGH

19a. DATE OF OPERATION: 11-2-51
19b. MAJOR FINDINGS OF OPERATION: Mid-thigh amputation, right (gangrene)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1 19 51, to Nov. 3, 19 51, that I last saw the deceased alive on Nov. 3, 19 51 and that death occurred at 3:05 p. m., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Mead (Degree or title) M. D. — ADDRESS: SPRINGFIELD STATE HOSPITAL SYKESVILLE, MARYLAND — DATE SIGNED: 11-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 11/6/51 — NAME OF CEMETERY OR CREMATORY: Loudon Park Crematory — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 11-5-51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Harry H. Smith — ADDRESS: 4101 Edmondson Ave.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 7/19/51	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 5059 Orville Avenue

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) McClements	(Last) REICHE	4. DATE OF DEATH	(Month) Nov. (Day) 30 (Year) 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 3/10/70	9. AGE last birthday 81 yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none during last 7 yrs.	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME Ernest Reiche		14. MOTHER'S MAIDEN NAME Elizabeth Nagle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Records - Springfield State Hospital			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	many yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	" "
	(c)	

422.1

93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple degeneration	about 8 yrs

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ---	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct. 18, 1951, to Nov. 30, 1951, that I last saw the deceased alive on Nov. 30, 1951, and that death occurred at 4:33 p. m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Maryland DATE SIGNED

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/3/51	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 12-3-51	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10844

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Run — LENGTH OF STAY (in this place) 2½ years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Run
HOSPITAL OR INSTITUTION OR STREET ADDRESS District # 3, Carroll Co., Md. Littlestown, Pa. R.D.1, Myers	STREET ADDRESS ct, Carroll (If rural, give location) Co., Md. Littlestown, Pa. R.D.1 Myers Distri-

3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) Agness	(Last) Reinaman	4. DATE OF DEATH	(Month) 11/8/51 (Day) (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 2/22/1874	9. AGE last birthday 77 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Housework)	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Carroll County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Tobias Hahn (Tobias Hahn)		14. MOTHER'S MAIDEN NAME Susan Bowers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Carroll County, Md. Mrs. Mervin J. Harner, Littlestown, Pa. R.1			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) carcinoma of Retro-peritoneal lymph glands — 3 yrs

198X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

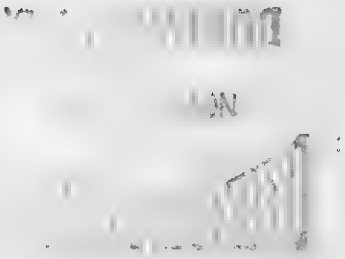
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Nov. 8, 1951, that I last saw the deceased alive on Nov. 8, 1951, and that death occurred at 6 25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald B. Coover	M.D.	Littlestown Pa	Nov 9, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/11/51	NAME OF CEMETERY OR CREMATORY Luthern Cemetery	LOCATION (City, town, or county) (State) Taneytown, Carroll Co., Md.
DATE REC'D BY LOCAL REG. 11/9/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR J. M. Littlestown, Littlestown PA. Per R. A. Little	ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland — LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Baltimore, Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) Mae (Middle) Bruce (Last) Russell
4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-24-1879
9. AGE last birthday: 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Westminster, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack H. Smith
14. MOTHER'S MAIDEN NAME: Ann Bruce Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Systemic syphilis — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occulsion — ½ day

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----
(CITY OR TOWN) (COUNTY) (STATE): ----
TIME OF INJURY (Month) (Day) (Year) (Hour): ----- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Nov, 1947, to Nov. 13, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE: M. N. Mastin, M.D. (Degree or title) — ADDRESS: Springfield Hosp. Sykesville, Md. — DATE SIGNED: 11/13/51

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 11-15-51 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Nov. 15, 1951 — REGISTRAR'S SIGNATURE: C. Harry Weer — 24. FUNERAL DIRECTOR: C. H. Weer - Sykesville, Md. — ADDRESS:

NOV 16
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10846

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville/Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Howard; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) America (Middle) S. (Last) Sautman

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: ? 1860

9. AGE last birthday: 91 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltomore County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Sprgul

14. MOTHER'S MAIDEN NAME: Ellen??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) coronary heartdisease	(1 month)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerosis	10 years and longer
	(c)	

420.1

14a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia, paranoid type — 48 yrs.

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) xxxxxxxx; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 11-5, 1951, that I last saw the deceased alive on 11-5, 1951, and that death occurred at 8.15 p.m., from the causes and on the date stated above.

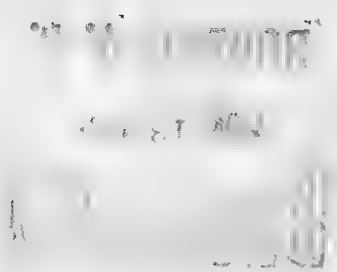
SIGNATURE Gertrud Sonnenfeldt, MD (Degree or title) ADDRESS Springfield State Hospital DATE SIGNED 11-5-1951

Gertrud Sonnenfeldt M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Nov. 8 1951; NAME OF CEMETERY OR CREMATORY: Springfield; LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 7, 1951; REGISTRAR'S SIGNATURE: C Stanley Keen

24. FUNERAL DIRECTOR ADDRESS: Luther H. Haight, Sykesville, Md.



10547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (In this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Washington Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GERTRUDE ELIZABETH SHAFER
4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1951
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Nov. 15 1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Avondale Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Abraham Shafer
14. MOTHER'S MAIDEN NAME Mary Elizabeth Mathias
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Jos. E. Hunter, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Azotemia, Renal. Progressive, Acute,	5 days
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydrothorax, Bilateral,	1 month
50	(c) Carcinoma Breast. Rt. + Lt. with Subcutaneous + Retroperitoneal Metastases.	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Jan., 1950, to 17 Nov., 1951, that I last saw the deceased alive on 17 Nov., 1951, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

SIGNATURE G. Allen Moulton (Degree or title) M.D. ADDRESS Westminster Md. DATE SIGNED 11/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 20. 51
NAME OF CEMETERY OR CREMATORY Kriders Cemetery
LOCATION (City, town, or county) Rural, Westminster (State) Md.

DATE REC'D BY LOCAL REG. 11/19/51
REGISTRAR'S SIGNATURE L. Kluwadmad
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10848

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) SHUEY

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: April 5,1897

9. AGE last birthday: 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Miller

14. MOTHER'S MAIDEN NAME: Annie Warehime

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Miss Pauline Goodwin, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uterine Carcinama--2 years duration

174 X
48 b
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 49., to Nov. 12, 1951., that I last saw the deceased alive on Nov. 11, 1951., and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Legg M.D. Union Bridge Md. 11-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: Nov. 15,1951 | NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery | LOCATION (City, town, or county) (State): Uniontown, Carroll, Md.

DATE REC'D BY LOCAL REG. 11/15/51 | REGISTRAR'S SIGNATURE: Margaret R. Englar

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS. A15

16849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) Most of life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Md.; STREET ADDRESS (If rural, give location) 7 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) CHRISTOPHER (Last) SLONAKER

4. DATE OF DEATH: (Month) NOV. (Day) 1st. (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 22, 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Two Taverns, Penna

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Slonaker

14. MOTHER'S MAIDEN NAME: Susanne Echard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 220-09-3744-A

17. INFORMANT AND ADDRESS: Scott M. Slonaker, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Urinary Bladder — Interval Between Onset and Death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Metastasis to bone

(c) Mets

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 6th 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder + bony Mets

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to Nov. 1st, 1951, that I last saw the deceased alive on Nov 1st, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Stanton Baer, M.D. (Degree or title) ADDRESS: Westminster Maryland DATE SIGNED: 11/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 5, 1951

NAME OF CEMETERY OR CREMATORY: Meadow Branch

LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG.: 11/3/51

REGISTRAR'S SIGNATURE: A. Woodward

24. FUNERAL DIRECTOR: J. S. Myers Jr. ADDRESS: Westminster Md.

VS. A15

NOV. 5 19[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1650

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) 30 yrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 E. Green
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 121 E Green

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) WARFIELD (Last) STONE

4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1951

5. SEX Female **6. COLOR OR RACE** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** Married **8. DATE OF BIRTH** Aug. 25, 1877 **9. AGE last birthday** 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Own Home **11. BIRTHPLACE (State or foreign country)** Howard County, Md. **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME Joshua Dorsey Warfield

14. MOTHER'S MAIDEN NAME Elizabeth Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----------

17. INFORMANT Dr. W. C. Stone Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 10 years

260 X 61

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURRED** While at work ☐ Not while at work ☐ **HOW DID INJURY OCCUR?**

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

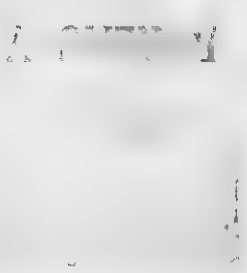
SIGNATURE (Degree or title) **ADDRESS** **DATE SIGNED**

James T. Marsh Deputy Medical Examiner Westminster Md 11/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** Nov. 26, 1951 **NAME OF CEMETERY OR CREMATORY** Springfield Cemetery **LOCATION (City, town, or county) (State)** Sykesville Md.

DATE REC'D BY LOCAL REG. 11/24/51 **REGISTRAR'S SIGNATURE**

24. FUNERAL DIRECTOR John R. Byers **ADDRESS** Westminster, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

10851

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Silver Run - Route 140

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Atlas~~ Rural - Westminster
STREET ADDRESS Route 1 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) DAVID (Last) STONESIFER
4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1951

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/15/1924
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME C. Ira Stonesifer
14. MOTHER'S MAIDEN NAME Hattie F. Tressler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 2nd World War
16. SOCIAL SECURITY NO. 217-18-7115
17. INFORMANT Doris V. Stonesifer, Westminster Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull - Multiple — —

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1702 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 140 (CITY OR TOWN) Nr Silver Run (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 24 - 519 40 p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh, Deputy Medical Examiner (Degree or title) ADDRESS Westminster Md DATE SIGNED Nov 24 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/27/51
NAME OF CEMETERY OR CREMATORY St. Marys Union Cem.
LOCATION (City, town, or county) Silver Run (State) Md.

DATE REC'D BY LOCAL REG. 11/25/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. M. Little & Son, Littlestown, PA ADDRESS
By R. A. Little

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

0852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Mills Westminster, R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Union Mills Westminster, R. D. 1

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) Tressler

4. DATE OF DEATH: (Month) (Day) (Year) 11/1/51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/15/1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Housework)

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): York County, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jacob S. Wildasin

14. MOTHER'S MAIDEN NAME: Susan Swartzbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harvey E. Tressler Littlestown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	cerebral hemorrhage.	10 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	chronic hypertensive cardio-vascular disease	20 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1951, to Nov. 1, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Donald B. Cooper M.D. Littlestown, Pa.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/4/51	St. Johns Luthern Cemetery	Littlestown, Adams Co., Pa.

DATE REC'D BY LOCAL REG. 11/2/51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
J. M. Little & Son Littlestown, Pa.
By R. H. Little

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 5 1
U.S. V. S.

11853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural--New Windsor
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural--New Windsor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) MARIE (Last) WAGNER
4. DATE OF DEATH: (Month) Nov. (Day) 6, (Year) 1951

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 7-19-1895
9. AGE last birthday: 56 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jonas M. Wagner
14. MOTHER'S MAIDEN NAME: Sarah Etta Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Norman Condon, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

443X (b) Hypertension arteriosclerotic C-V disease — years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to Nov 6, 1951, that I last saw the deceased alive on Nov 5, 1951, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE: James T Marsh — (Degree or title) M. D. — ADDRESS: Westminster Md — DATE SIGNED: Nov 6/1951

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 11-9-1951
NAME OF CEMETERY ~~OR CREMATORY~~: Pipe Creek
LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Nov 8/51
REGISTRAR'S SIGNATURE: Eileen S Benedict
24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

NOV 1
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10954

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar; LENGTH OF STAY (In this place) 15 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Aurora (Last) Warner

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 1, 1884

9. AGE last birthday: 6[illegible] yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: x Home

11. BIRTHPLACE (State or foreign country): Frederick County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph S. Stull

14. MOTHER'S MAIDEN NAME: Margaret E. Staub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: x

17. INFORMANT: Raymond Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 years
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93 L	(b) Hypertensive Cardio-Vascular Disease	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 19 51, to Nov 10, 19 51, that I last saw the deceased alive on Nov 1, 19 51, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Robertson	M D	New Windsor, Md	11/10/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 13 1951	Mt. Joy	Near Ladiesburg, Frederick Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 11, 51	Leslie J. Repp	D. D. Hartzler & Sons	Union Bridge & New Windsor, Md.

VS. A15

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JUN 14 19[illegible]
Bu[illegible] N. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10955

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Woodbine; LENGTH OF STAY (In this place) 5 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Day
   STREET ADDRESS (If rural, give location) Rural--Woodbine

3. NAME OF DECEASED (Type or Print): (First) Rachel; (Middle); (Last) Wilson

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-28-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Shipley

14. MOTHER'S MAIDEN NAME: Eliza A. Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
    (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. B.C. Mullinix, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acidosis	3 da
159X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46 pm	(b) Nausea and Vomiting	5 weeks
	(c) Carcinoma of upper G. I. tract	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Banti's Desease — 10 yrs Plus

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to November 24 1951, that I last saw the deceased alive on Nov. 23, 1951, and that death occurred at 3 A; m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley Grabill M.D. Mt. Airy, Md. 11/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 11-26-1951
NAME OF CEMETERY OR CREMATORY: Brandenburg
LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG. Nov 23 1951
REGISTRAR'S SIGNATURE: Edna M Hewitt

24. FUNERAL DIRECTOR: C.M. Waltz, ADDRESS: Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10856

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
LENGTH OF STAY (in this place): 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) BELINDA (Middle) ANN (Last) WISNER
4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1957
5. SEX: Female
6. COLOR ~~OR RACE~~: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 1868
9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: David Wisner Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	20 hrs.
Antecedent cause(s)	(b) Generalized Arteriosclerotic C-V disease	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1951, to Nov 9, 1957, that I last saw the deceased alive on Nov 9, 1957, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE: James T Marsh (Degree or title) M.D. ADDRESS: Westminster Md DATE SIGNED: Nov 9/57

23. BURIAL, CREMATION REMOVAL (Specify): DATE: 11/12/51 NAME OF CEMETERY OR CREMATORY: Zion LOCATION (City, town, or county) (State): Near Hampstead Md
DATE REC'D BY LOCAL REG.: 11/11/51 REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: J. Jacob Gartenstein, ADDRESS: New Freedom, Pa.

RECEIVED
NOV 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 12857

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland
LENGTH OF STAY (in this place): 7 yrs. 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma; (Middle) ---; (Last) Zuschlag

4. DATE OF DEATH: (Month) 11; (Day) 5; (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-18-1867

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Borniz

14. MOTHER'S MAIDEN NAME: Catherine Vogt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT AND ADDRESS: Springfield Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Pneumonia — 2 da

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of breast — 3 yrs
50 (c) Diabetes — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): ---
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov., 1951, to 11-5, 19.51., that I last saw the deceased alive on 11-5, 19.51., and that death occurred at 1 P.m., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hosp. Sykesville, Maryland DATE SIGNED 11-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-8-51
NAME OF CEMETERY OR CREMATORY: Baltimore
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Nov. 5, 1951
REGISTRAR'S SIGNATURE: C. Harry Weer
24. FUNERAL DIRECTOR: John Ulrich ADDRESS: 2004 Orleans St. Balto Md

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NOV 13 1951
BUREAU V. S.